

Telehealth Therapy Verification Form



Instructions: This form is required when the crime victim's mental health treatment provider requests telehealth therapy beyond five (5) sessions. Some provider types require a supervisor signature (see page 2). See victims.ca.gov for more information.

CalVCB Application Number

All telehealth sessions must meet HIPAA compliance. *(Note: Skype is not considered HIPAA compliant as it does not provide a secure connection between provider and claimant)*

Please submit a completed CalVCB Treatment Plan when submitting this form.

Claimant Information

Name Phone Number

Address City State Zip

Direct Victim Information

Name Relationship to Claimant

Crime Information

Crime Date Type of Crime

Explain why it is necessary for the claimant to receive therapy via telehealth.

What form of HIPAA-compliant telecommunications connection is being used?

Number of telehealth sessions you are requesting:

Treating Mental Health Provider Information

By initialiting, I acknowledge that I have read and understand the best practices regarding HIPAA compliance as established by the regulatory agency governing my licensure.

Treating Mental Health Provider Phone Number

Initials

Business Address City State Zip

License Number and Type Expiration Date

Email *Required for notification of determination*



Signature

Date

Supervising Mental Health Providers

Psychology Intern, Psychological Assistant, Associate Social Worker, Professional Clinical Counselor Intern, or Marriage and Family Therapist Intern require a licensed supervising therapist signature.

By initialing, I acknowledge that I have read and understand the best practices regarding HIPAA compliance as established by the regulatory agency governing my licensure.

Initials

Licensed Mental Health Supervisor

Phone Number

License Number and Type

Expiration Date

Email *Required for notification of determination*

Signature

Date



Instructions

The Telehealth Therapy Verification form must be fully completed by a treating mental health provider for consideration of additional telehealth therapy beyond the initial five (5) sessions.

Please keep in mind the following requirements and guidelines regarding telehealth therapy:

- If this is the first submission of this form, a Treatment Plan must be attached and submitted to CalVCB.
- All communication technology utilized for the provision of telehealth sessions must meet HIPAA compliance.
 - Note: Skype is not considered HIPAA compliant as it does not provide a secure connection between provider and claimant.
- Reimbursement rate is based upon treating provider's license type.
- A separate Telehealth Therapy Verification form must be submitted for each qualifying direct or derivative victim receiving individual telehealth sessions.

Claimant Information

Please fill out all information relating to claimant.

Direct Victim Information

Please fill out all information relating to the direct victim.

Crime Information

Please fill out all information relating to the direct victim.

- Enter crime date– if exact crime date is not known, enter date to the best of your knowledge.
- Type of crime – enter type of crime (i.e. assault, battery, domestic violence, attempted murder).
- Explanation – please detail why it is necessary for the claimant to access mental health treatment via telehealth methods rather than face to face.
- HIPAA compliance – please list the type of telecommunications software used for telehealth.
- Enter the number of telehealth sessions being requested beyond the initial five (5) sessions.

Treating Mental Health Provider Information

Please fill out all treating therapist information, including acknowledgment of HIPAA compliance established by regulatory agency governing licensure. Note: if treating therapist is Psychology Intern, Psychological Assistant, Associate Social Worker, Professional Clinical Counselor Intern, or Marriage and Family Therapist Intern, a licensed supervising therapist signature is required.

Supervisor Mental Health Provider Information

Please fill out all supervising therapist information, if applicable, including acknowledgment of HIPAA compliance established by regulatory agency governing licensure.

Please submit the Telehealth Therapy Verification form to the address or fax number below:

CalVCB
PO Box 3036
Sacramento, CA 95812-3036
Fax: 1-866-902-8669

You will be notified of the results of the request for additional telehealth sessions via electronic mail. Please note that submission of a request for additional telehealth sessions does not automatically authorize additional telehealth sessions. You will not be reimbursed by CalVCB for any telehealth sessions not approved beyond the first five (5).

Please note that the Board of Behavioral Sciences and Board of Psychology have specific requirements related to the provision of telehealth for all licenses. For relevant statutes and regulations governing the provision of telehealth posted by the Board of Behavioral sciences and Board of Psychology, please contact the agency governing your licensure.

If you have any questions, please call our Customer Service line at 1-800-777-9229.



Privacy Notice on Collection

1. CalVCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://victims.ca.gov/media/prc.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
 - b. Protect and defend the rights or property of CalVCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Board.
10. Any questions regarding the information collected, please write to the following address: PO Box 48, Sacramento, CA 95812, email info@victims.ca.gov, call (800) 777-9229, or contact the CalVCB Privacy Coordinator at InfoSecurityandPrivacy@victims.ca.gov.
11. For additional information regarding privacy, please see CalVCB's Privacy Notice. See <http://victims.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.